



**PREVENTIVE HEALTH
AND HEALTH
SERVICES
BLOCK GRANT**
A CRITICAL PUBLIC
HEALTH RESOURCE

AT A GLANCE
2010

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
IMPROVING HEALTH AND QUALITY OF LIFE FOR ALL PEOPLE





The Role of Block Grant Funding

In 1981, Congress authorized the Preventive Health and Health Services (PHHS) Block Grant. The PHHS Block Grant gives its 61 grantees—which include all 50 states and the District of Columbia, 2 American Indian tribes, and 8 U.S. territories—the independence and flexibility to tailor prevention and health promotion programs to their particular public health needs. States are expected to align their programs with *Healthy People 2010* national health goals.

As a critical public health resource, the PHHS Block Grant supports the following activities:

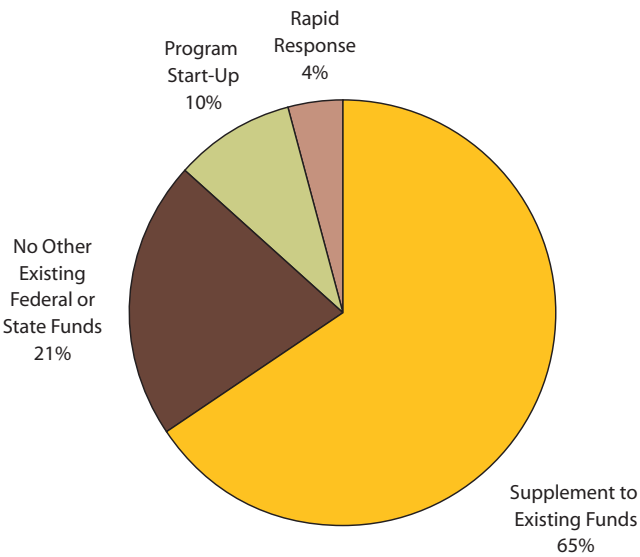
- Addressing basic health issues such as fluoridating water systems, improving food safety, and preventing falls among older adults.
- Responding rapidly to emerging health threats in states.
- Funding critical prevention efforts to address specific health issues such as skin cancer, child safety, and untreated dental decay that lack categorical state funding.
- Protecting investments in and enhances the effectiveness of categorically funded programs that address specific health problems.
- Leveraging other monetary resources to increase the benefit of preventive health measures.

Flexible Funding for Public Health Efforts

The health needs of communities are diverse, complex, and constantly changing. The PHHS Block Grant gives grantees the flexibility to use funds to prevent and control chronic diseases such as heart disease, diabetes, and arthritis. It also helps grantees respond quickly to outbreaks of foodborne infections and waterborne diseases, and it allows them to use funding to address their specific public health needs and challenges.



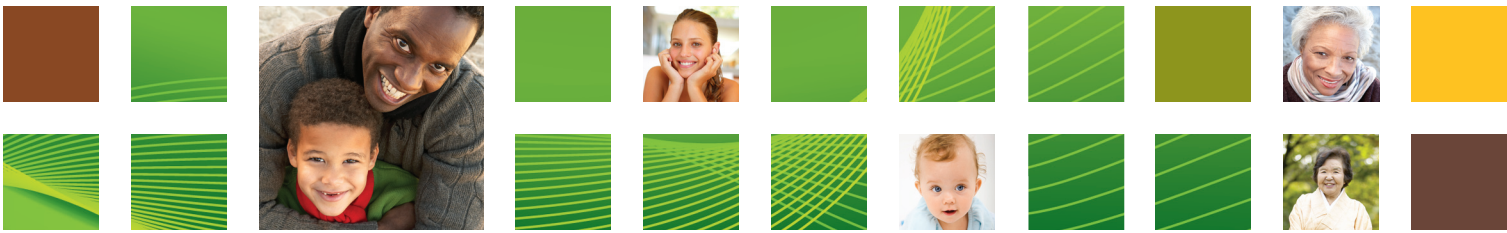
How PHHS Block Grant Dollars Are Used



Funding Local Communities

The PHHS Block Grant is the major source of funding that CDC provides to public health agencies to address health needs and problems such as immunization, tuberculosis, cancer, and cardiovascular disease. The PHHS Block Grant is a significant source of funding for promoting health and preventing disease and injury in communities across the United States. Despite this support, grantees do not have adequate funding to take action against all the leading causes of illness, disability, injury, and death in their states.

In fiscal year 2009 (FY 2009), approximately \$25 million of PHHS Block Grant funds were distributed by the states to local entities to address county and local public health needs. For example, Maryland has given \$61,059 of its PHHS Block



The Role of Block Grant Funding (continued)

Grant funding to local health departments to use the American Diabetes Association Risk Assessment Tool to refer at-risk adults to a health care provider and risk-reduction activities in their community. Funds also are awarded to local health departments to provide diabetes self-management education classes to adults with diabetes who cannot afford these services.

Leveraging Block Grant Funds

PHHS Block Grant funds also have provided start-up money for programs that are now supported by other sources. As these programs have become self-sustaining, PHHS Block Grant funds have been redirected to other public health priorities. For example, health officials in Rhode Island used PHHS Block Grant funds to establish the Cardiovascular Disease and African Americans: Heart and Soul Project, a pilot study focused on reducing heart disease among African Americans in Providence.

The study linked a health care site (the Chad Brown Health Center) to a community-based agency (the John Hope Settlement House) so that African Americans and other residents living in low-income neighborhoods could have better access to screening, treatment, and follow-up services for cardiovascular disease.

The pilot study successfully helped the community and its stakeholders find ways to promote heart-healthy living. It also helped leverage the additional money needed to establish a Heart Disease and Stroke Prevention Program in the Rhode Island Department of Health.

Meeting Health Care Needs When No Other Funds Exist

Pedestrian Safety in Guam

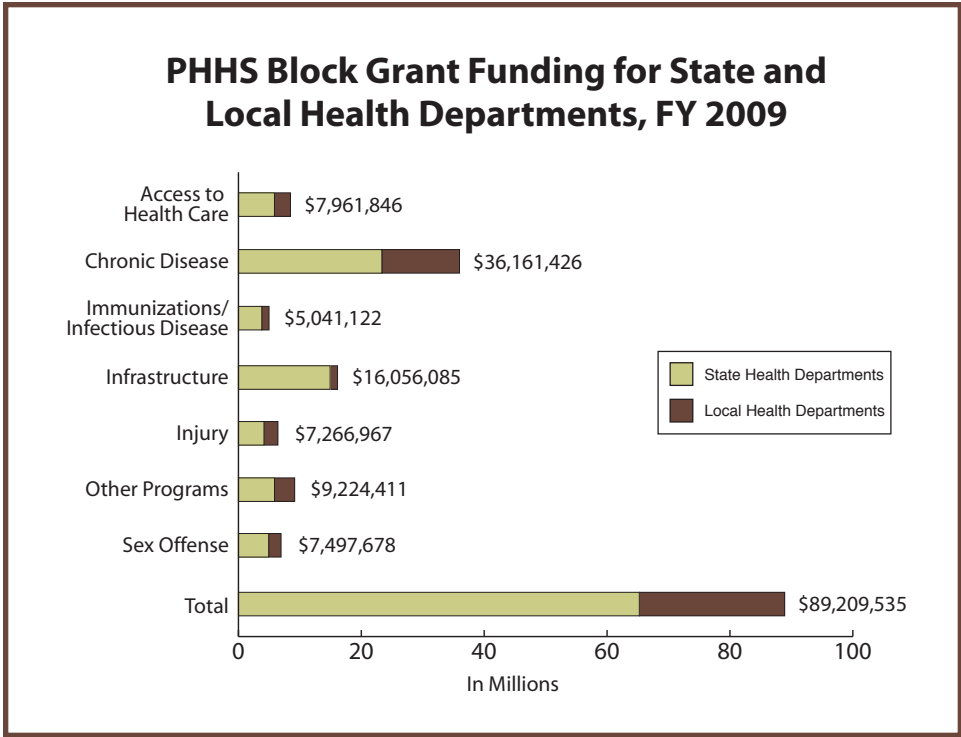
For more than a decade, unintentional injury has been one of the top 10 leading causes of death in Guam. To address injuries related to pedestrian safety, Guam’s Bureau of Professional Support Services used funding from the PHHS Block Grant to support a Pedestrian Safety Program.

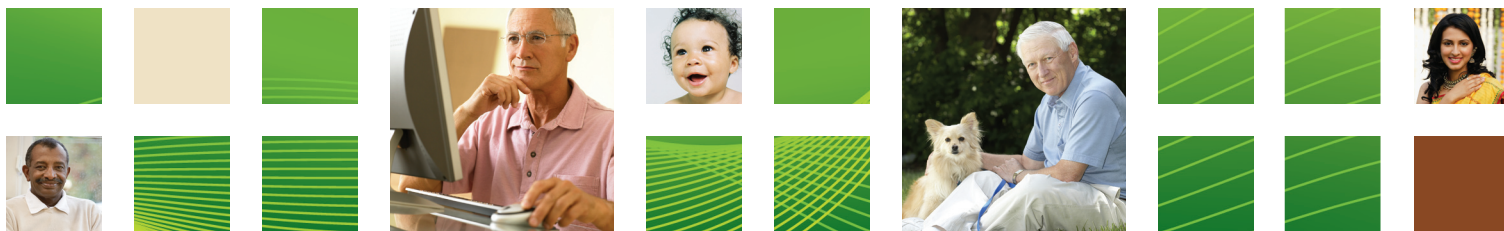
The program provided parents of children in the Guam Head Start Program with training on pedestrian safety. In addition, the bureau helped produce a public service announcement about pedestrian safety that featured community leaders emphasizing safety tips. The bureau also placed educational materials, including posters in common local languages, near high-risk crosswalks to teach pedestrians how to safely cross a road.

The Pedestrian Safety Program has provided more than 6,000 residents of Guam with information about pedestrian safety. More than 1,000 of these residents live in communities at high risk for pedestrian injuries or deaths. As a result of this coordinated, island-wide community effort, Guam has experienced a 32% reduction in reported cases of traffic deaths.

Preventing Tooth Decay in Pennsylvania

Tooth decay is the most common chronic disease among U.S. children, particularly those from low-income families. Preventing tooth decay by sealing permanent molars (the most important chewing teeth) can provide a lifetime of benefits and reduce the need for future treatment. To reduce tooth decay among children in Pennsylvania, the Pennsylvania Department of Health is using PHHS Block Grant funds to support tooth sealant programs in schools that have a high





The Role of Block Grant Funding (continued)

proportion of students from low-income families. The program projects that 4,674 children will have at least one dental sealant as a result of the first and second year of funding. By supporting these programs, the Pennsylvania Department of Health is improving access to preventive health services in areas of the state that have limited or no access to affordable dental services.

Helping Virginians Manage Chronic Disease

In Virginia, chronic diseases such as heart disease, stroke, cancer, asthma, diabetes, and arthritis are the leading causes of death. An estimated 2.2 million Virginians live with one or more of these diseases. To address this problem, health officials in Virginia are using PHHS Block Grant funds to provide state residents—particularly those in communities with a high incidence of chronic disease—with access to the Chronic Disease Self-Management Program (CDSMP).

Participants in this evidence-based program complete a 6-week course that teaches disease self-management strategies such as how to deal with problems associated with chronic disease; how to evaluate new treatments; and how to communicate effectively with family, friends, and health professionals. The course also covers appropriate exercise, use of medications, and proper nutrition for people with chronic disease.

Three CDSMP leader trainings were completed, resulting in 25 new leaders who are teaching in 2 health districts. Participants are reporting a decrease in hospital visits, which could save Virginia thousands of dollars in health care costs. Some program participants have become leaders, and some have developed into program champions in their health districts. With continued support, CDSMP will help Virginians spend less time in the hospital and more time practicing self-management strategies to improve their health.

CDC's National Leadership

Block Grant Management Information System

In 2009, CDC successfully moved the PHHS Block Grant from the Grant Application and Reporting System (GARS), which had been used for more than 10 years, to the new Web-based Block Grant Management Information System (BGMIS). BGMIS allows grantees to create and submit work plans, annual reports, and success stories to CDC. It also facilitates the collection of information from programs on their annual progress toward reaching health goals. The system will be expanded to include data collection and to support the evaluation, monitoring, communication, and dissemination efforts of the PHHS Block Grant.

Performance Measures

CDC worked with state PHHS Block Grant coordinators, CDC epidemiologists and program evaluators, representatives from state health departments, the National Association of Chronic Disease Directors, and the Directors of Health Promotion and

Education to develop the following four goals:

Goal 1: Achieve health equity and eliminate health disparities by influencing social determinants of health.

Goal 2: Decrease premature death and disabilities that are due to chronic diseases and injuries by focusing on the leading preventable risk factors.

Goal 3: Build healthy communities by supporting local health programs, systems, and policies.

Goal 4: Provide opportunities to address emerging health issues.

The work group also developed performance measures to assess whether grantees are meeting these goals. Once CDC identifies and develops the data sources needed to produce reports that show a funded program's progress, the performance measures will be pilot tested in several states.

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